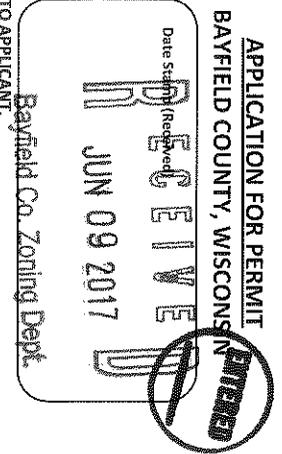


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138



| | |
|--------------|------------|
| Permit #: | 17-0225 |
| Date: | 6-27-17 |
| Amount Paid: | 75 6-18-17 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: SELF + Sherry Koehler
 Address of Property: 84170 Big Pine trail
 City/State/Zip: Cornucopia WI 54827
 Mailing Address: P.O. Box 386
 City/State/Zip: Landon Lakas WI 54576
 Contractor: SELF
 Authorized Agent: (Person Signing Application on Behalf of Owner(s))
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, SE 1/4
 Gov't Lot: _____
 Lots: 1
 CSM: 1043
 Vol & Page: 7/335
 Lot(s) No.: _____
 Block(s) No.: _____
 Subdivision: _____
 Section: 22, Township: SD N, Range: 60 W
 Town of: Bell
 Tax ID# (4-5 digits): 35403
 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2008 R-523628

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Distance Structure is from Floodplain Zone? Yes No

Value at Time of Completion * include donated time & material: \$20,000

Project: New Construction Addition/Alteration Conversion Relocate (existing Bldg) Run a Business on Property

of Stories and/or basement: 1-Story 1-Story + Loft 2-Story Basement

Use: Seasonal Year Round 1 2 3

of bedrooms: 1 2 3

What Type of Sewer/Sanitary System Is on the property?
 Municipal/City (New) Sanitary Sanitary (Exists) Specify Type: Vaulted
 City Well Private (pit) or Vaulted (min 200 gallon)
 Portable (w/service contract) Compost Toilet None

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 26 Height: 15
 Proposed Construction: _____

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|--|------------------------------|-------------|----------------|
| <input type="checkbox"/> Principal Structure (first structure on property) | | (X) | |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | | (X) | |
| <input type="checkbox"/> with Loft | | (X) | |
| <input checked="" type="checkbox"/> Residential Use | with a Porch | (X) | |
| | with (2 nd) Deck | (X) | |
| | with (2 nd) Deck | (X) | |
| <input type="checkbox"/> Commercial Use | with Attached Garage | (X) | |
| <input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) | | (X) | |
| <input type="checkbox"/> Mobile Home (manufactured date) | | (X) | |
| <input type="checkbox"/> Addition/Alteration (specify) | | (X) | |
| <input checked="" type="checkbox"/> Accessory Building (specify) | Pole Building | (32 X 26) | 832 |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify) | | (X) | |
| <input type="checkbox"/> Special Use: (explain) | | (X) | |
| <input type="checkbox"/> Conditional Use: (explain) | | (X) | |
| <input type="checkbox"/> Other: (explain) | | (X) | |

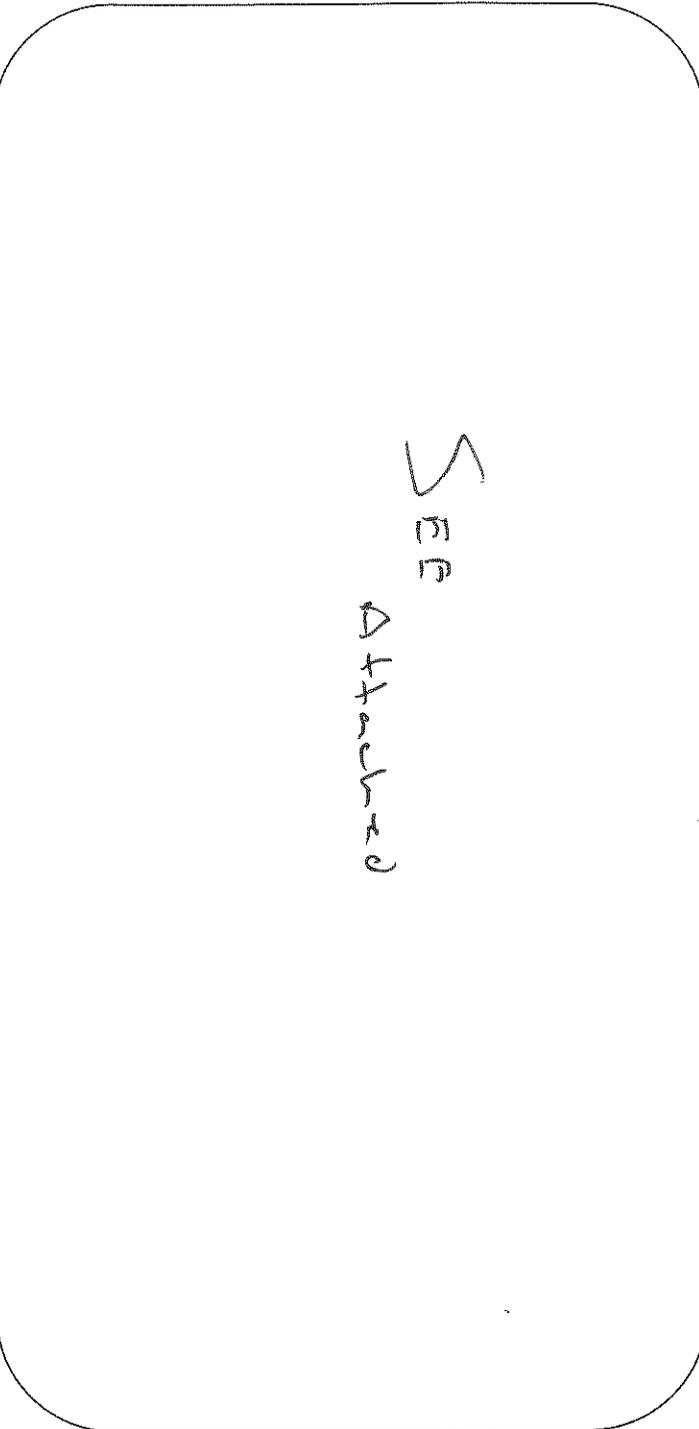
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sherry Koehler Date 6/9/17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____ Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on Your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SEE ATTACHED



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 265 Feet | Setback from the Lake (ordinary high-water mark) | 330 Feet |
| Setback from the Established Right-of-Way | 295 Feet | Setback from the River, Stream, Creek | X |
| Setback from the North Lot Line | 130 Feet | Setback from the Bank or Bluff | |
| Setback from the South Lot Line | 322 Feet | Setback from Wetland | 445 Feet |
| Setback from the West Lot Line | 355 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 442 Feet | Elevation of Floodplain | — Feet |
| Setback to Septic Tank or Holding Tank | 200 Feet | Setback to Well | 200 Feet |
| Setback to Drain Field | 220 Feet | | |
| Setback to Privy (Portable, Composting) | — Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

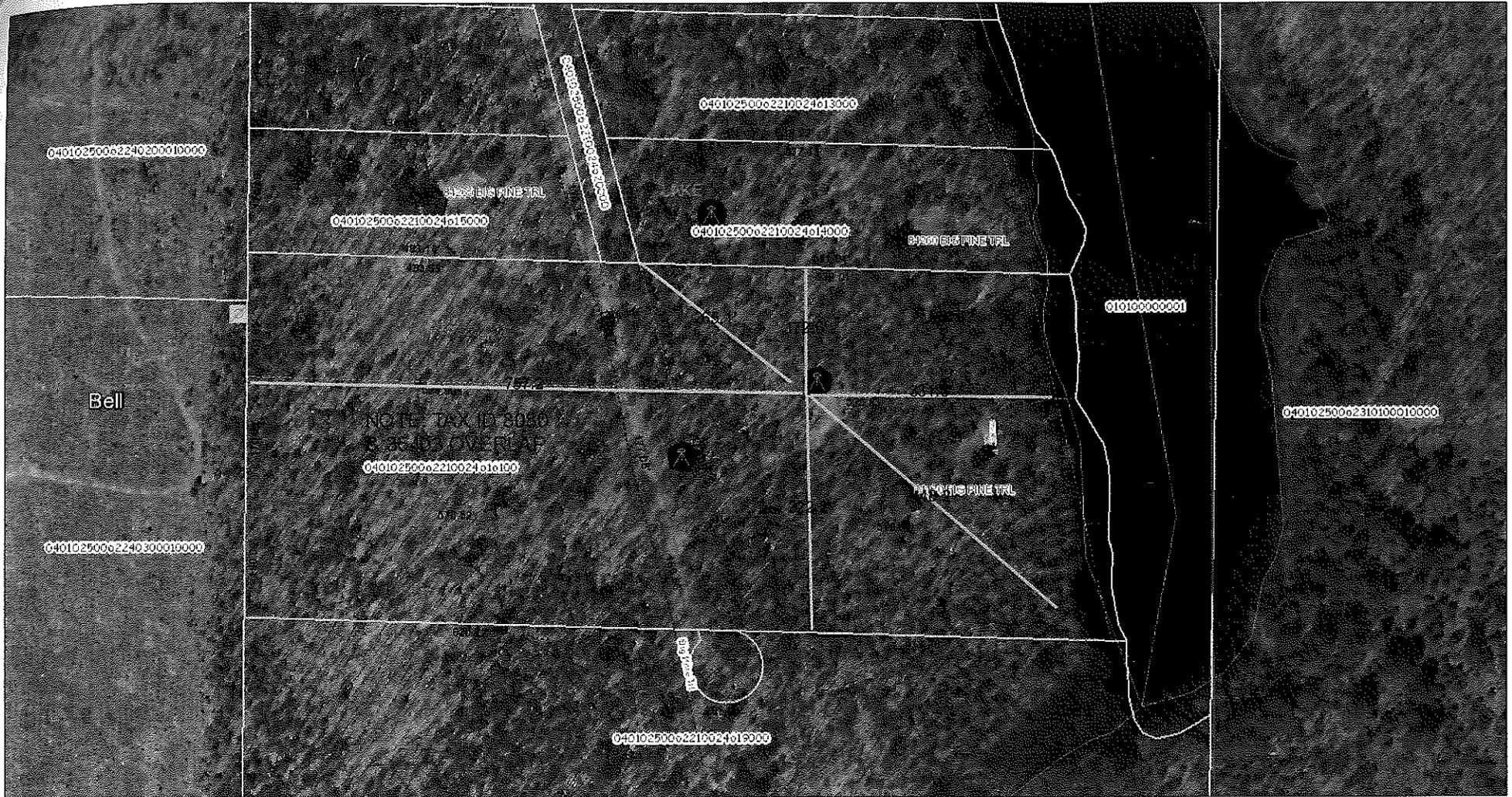
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|---|---|--|---|---------------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: 425188 | # of bedrooms: | Sanitary Date: | |
| Permit Denied (Date): | Reason for Denial: | | | | |
| Permit #: 17-03885 | Permit Date: 6-27-17 | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | |
| Granted by Variance (B.O.A.) | Case #: | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | CSM | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Inspection Record: just checked building site - not existing buildings | | | | | |
| Date of Inspection: 6-22-17 | Inspected by: CMWBARTY | | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached) | | | | | |
| Building steel not be used for human habitation +/- sleeping purposes + steel not contain plumbing fixtures w/ connection to pressurized water. | | | | | |
| Signature of Inspector: | | | | Date of Approval: 6-28-17 | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | |

Bayfield County Web AppBuilder

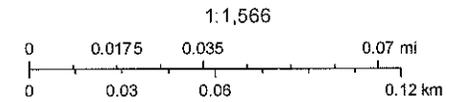


June 9, 2017

- Building
- Corner Tie Sheets**
- Section Corner Monument on File
- Section Corner Monument Referenced on Survey
- Survey Maps**
- UnRecorded Map

- Recorded Map
- Road Type**
- CFR
- County
- Federal
- Private
- State
- Town
- Municipal Boundary
- Section Lines
- Approximate Parcel Boundary
- Meander Line

- Tie Line
- Rivers
- Wetlands
- Douglas Co Parcels
- Ashland Co Parcel



Bayfield County
Bayfield

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0225** Issued To: **Jeffery & Sherry Koehler**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **22** Township **50** N. Range **6** W. Town of **Bell**

Gov't Lot Lot **1** Block Subdivision CSM# **1643**

For: **Residential Accessory Structure: [1- Story; Pole Building (32' x 26') = 832 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/or sleeping purposes and shall not contain plumbing fixtures with connection to pressurized water.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 27, 2017

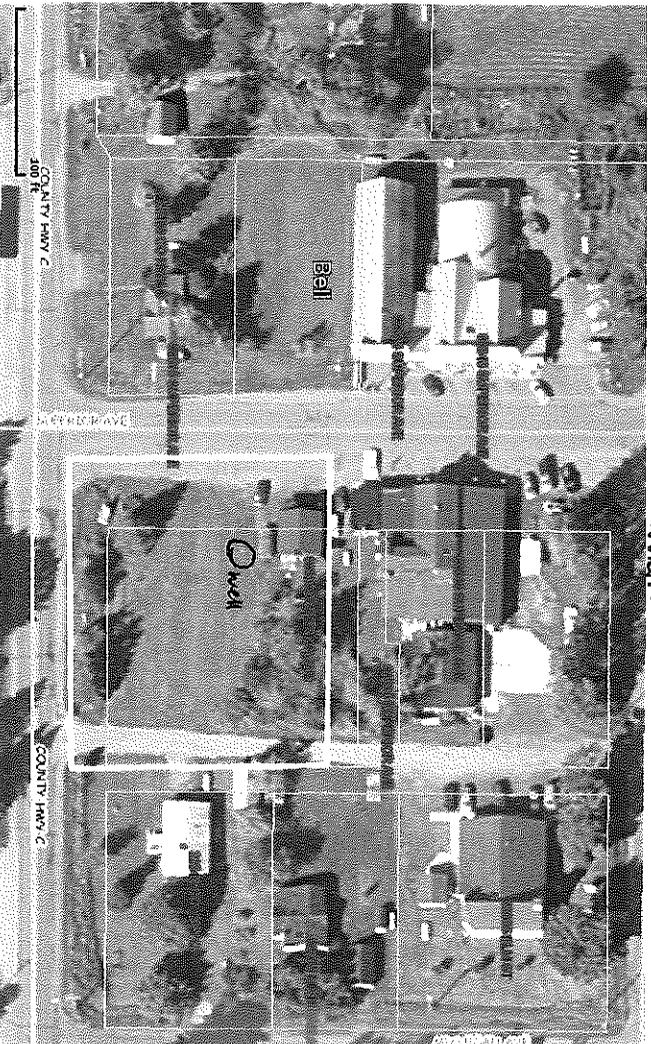
Date

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (* Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (* Privy (P)
- (6) Show any (*): (* Lake; (* River; (* Stream/Creek; or (* Pond
- (7) Show any (*): (* Wetlands; or (* Slopes over 20%

Bayfield County, WI

88528 Superior Ave. North



Please complete:

(8) Set

Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|---------------|--|-------------|
| Setback from the Centerline of Platted Road | 39 Feet | Setback from the Lake (ordinary high-water mark) | |
| Setback from the Established Right-of-Way | 10 Feet | Setback from the River, Stream, Creek | N/A Feet |
| Setback from the North Lot Line | 17 Feet | Setback from the Bank or Bluff | |
| Setback from the South Lot Line | 102 Feet | Setback from Wetland | |
| Setback from the West Lot Line | Road 105 Feet | Setback from 20% Slope Area | N/A Feet |
| Setback from the East Lot Line | | Elevation of Floodplain | |
| Setback to Septic Tank or Holding Tank | | Setback to Well | 25 Feet |
| Setback to Drain Field | | | |
| Setback to Privy (Portable, Composting) | | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|---|---|--|---|------------------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: | Municipal # of bedrooms: | | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | | |
| Permit # | 17-0249 | Permit Date: | 6-29-17 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Deed of Record) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | (Fused/Contiguous Lot(s)) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | USE OVER | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Were Property Lines Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was Proposed Building Site Delineated | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Inspection Record: | | | | | |
| Date of Inspection: | 5-8-17 | Inspected by: | J. MURPHY | | |
| Condition(s): Town, Committee or Board Conditions Attached? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If No they need to be attached.) | | | |
| PER APPROVAL OF PLANNING & ZONING COMMITTEE | | | | | |
| 5-18-17 | | | | | |
| Signature of Inspector: | | | | | Date of Approval: |
| Hold For Sanitary: | <input type="checkbox"/> | Hold For TBA: | <input type="checkbox"/> | Hold For Affidavit: | <input type="checkbox"/> |
| | | | | | 5-30-17 |

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – City
SIGN –
SPECIAL – Class B
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0249** Issued To: **Susan Keachie**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **34** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot Lot **7-12** Block **6** Subdivision **Village of Cornucopia** CSM#

For: **Residence in Commercial Zone: [1.5- Story; Conversion to Residence (24' x 24') = 576 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Per approval of Planning & Zoning Committee.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 29, 2017

Date